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09/772,394	01/30/2001	Peter Stangel	79731.010100	1200
22191 7590 05/18/2007 GREENBERG TRAURIG, LLP 1750 TYSONS BOULEVARD, 12TH FLOOR MCLEAN, VA 22102			EXAMINER COBANOGU, DILEK B	
			ART UNIT 3626	PAPER NUMBER
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**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

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<b>Office Action Summary</b>	Application No. 09/772,394	Applicant(s) STANGEL, PETER	
	Examiner Dilek B. Cobanoglu	Art Unit 3626	

**-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --**

**Period for Reply**

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

**Status**

- 1) ☒ Responsive to communication(s) filed on 20 February 2007.
- 2a) ☒ This action is **FINAL**.                      2b) ☐ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

**Disposition of Claims**

- 4) ☒ Claim(s) 1-3,5-9,12-15 and 17-36 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) ☐ Claim(s) \_\_\_\_\_ is/are allowed.
- 6) ☒ Claim(s) 1-3,5-9,12-15 and 17-36 is/are rejected.
- 7) ☐ Claim(s) \_\_\_\_\_ is/are objected to.
- 8) ☐ Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

**Application Papers**

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on \_\_\_\_\_ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.  
     Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
     Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

**Priority under 35 U.S.C. § 119**

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All    b) ☐ Some \*    c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
2. ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.
3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

**Attachment(s)**

- |  |   |
|--|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892)  | 4) <input type="checkbox"/> Interview Summary (PTO-413)<br>Paper No(s)/Mail Date. _____ |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948)   | 5) <input type="checkbox"/> Notice of Informal Patent Application                       |
| 3) <input checked="" type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08)<br>Paper No(s)/Mail Date <u>06/14/2001,08/30/2001</u> . | 6) <input type="checkbox"/> Other: _____  |

### DETAILED ACTION

1. This communication is in response to the amendment received on 02/20/2007. Claims 4, 10-11, 16 have been canceled and claims 30-36 are newly added. Claims 1-3, 5-9, 12-15, 17-36 remain pending.

#### ***Claim Rejections - 35 USC § 103***

2. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

3. Claims 1-3, 5-9, 12-15, 17-21, 23-28, 30-31, 33-35 are rejected under 35 U.S.C. 103(a) as being unpatentable over Campbell et al. (hereinafter Campbell) (U.S. Patent No. 6,047,259) in view of Hayward et al. (hereinafter Hayward) (U.S. Patent No. 5,574,828).

A. Claim 1 has been amended now to recite a computer implemented patient clinical encounter information collection system, comprising:

- i. a server, wherein the server comprises at least one database, and wherein the at least one database stores patient clinical encounter information (Campbell; col. 3, lines 42-50, lines 55-64 and col. 5, lines 3-12);
- ii. a user interface, wherein the user interface comprises a plurality of fields (Campbell; col. 3, lines 35-47, col. 1, lines 62 to col. 2, line 13);

wherein the arrangement of the plurality of fields is fixed and the plurality of fields are arranged as on a clinical chart, wherein the user interface presents the plurality of fields in a single screen such that the user need not scroll the screen when entering data in the plurality of fields, wherein the user interface facilitates the entry, by a user, of patient clinical encounter information (Campbell; col. 13, lines 58-65, Figure 5), wherein the user interface facilitates the selection, by a user, of at least a diagnosis, and wherein the user interface is stored on the server (Campbell; col. 1, lines 62-64, col. 3, lines 55-64, Figures 5, 9, 10, 13);

iii. a client device, wherein the client device is communicatively coupled to the server, wherein the client device retrieves the user interface from the server (Campbell; col. 3, line 45 to col. 4, line 11), presents the user interface to the user, receives patient clinical encounter information from the user, and submits the patient clinical encounter information to the server (Campbell; col. 14, lines 19-29, Figure 5), wherein the client device further comprises:

a) a navigation module, wherein the navigation module modifies the contents of at least a subset of the plurality of fields presented by the user interface in response to the diagnosis selected by the user (Campbell; col. 14, lines 3-35, Figure 9-10);

b) a verification module, wherein the verification module determines an authorization level for the diagnosis by referring to at least data

in identified user interface fields, the verification module determining said authorization level prior to submission of the patient clinical encounter information to the server (Campbell; col. 5, lines 33-61).

- Campbell fails to expressly teach a subset of plurality of fields comprises a pop-up list. However, this feature is well known in the art, as evidenced by Hayward.

In particular, Hayward discloses a subset of plurality of fields comprises a pop-up list (Hayward; col. 16, line 49 to col. 17, line 3). It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Hayward with the motivation of generating second program automatically based on the answers to the questions (Hayward; abstract).

B. Claim 2 has been amended now to recite the system of claim 1, wherein said user interface further facilitates selection of one or more criteria corresponding to the selected diagnosis, and wherein the one or more criteria are selected by the navigation module from a set of criteria stored in a criteria database and are presented to the user in one of the plurality of fields (Campbell; col. 14, lines 30-52).

C. As per claim 3, Campbell discloses the system of claim 2, wherein said authorization level is determined at least in part by the selected criteria (Campbell; col. 5, lines 35-61).

D. Claim 5 has been amended now to recite the system of claim 1, wherein said verification module is coupled to a rule database, wherein the rule database retrieves stored rules from the server, and wherein the rule database is employed by the verification module in determining said authorization level (Campbell; col. 6, lines 23-36).

E. As per claim 6, Campbell discloses the system of claim 5, wherein the rule database stores at least two levels of rules, said levels comprising:

i. a criteria level, the criteria level rules determining a criteria status by referring to data from the identified fields of said clinical record (Campbell; col. 16, line 66 to col. 17, line 7); and

ii. a diagnosis level, the diagnosis level rules determining a diagnosis authorization level by referring to the criteria status of associated criteria (Campbell; col. 5, lines 33-61 and col. 17, lines 8-10).

F. Claim 7 has been amended now to recite the system of claim 1, wherein: at least a subset of the plurality of fields presented in the user interface are related in a hierarchical manner, and wherein the navigation module changes the content of at least a subset of the plurality of fields based on selections made therein by the user (Campbell; col. 12, line 59 to col. 13, line 18).

G. Claim 8 has been amended now to recite a method for facilitating the submission of a clinical record for automated processing, comprising:

- i. providing at least one selection interface, wherein the selection interface facilitates selection by a user of one of a plurality of predetermined clinical data types (Campbell; col. 12, lines 14-21), the predetermined clinical data types comprising data necessary for creating at least a record of the symptoms associated with a patient and a diagnosis (Campbell; col. 12, lines 13-20, Figure 4-5);
- ii. receiving a selection from said selection interface; and providing at least one data field in response to said selection, wherein the data field is a quantified data field associated with an objective criteria, and whereby said quantified data field facilitates automated processing of said clinical record (Campbell; col. 12, lines 13-20, Figure 4-5).

H. Claim 9 has been amended now to recite a method of generating an electronic clinical record, comprising:

- i. receiving a diagnosis from a user via a user interface running on a client device (Campbell; col. 16, lines 33-42);
- ii. permitting the user to select a criteria from a pre-defined list of criteria associated with the entered diagnosis, the criteria associated with a rule required for confirming the entered diagnosis, the criteria associated with at least one finding (Campbell; col. 16, lines 43-54);

Art Unit: 3626

- iii. receiving from the user data corresponding to at least a subset of the at least one finding associated with the user selected criteria (Campbell; col. 12, line 59 to col. 13, line 20);
- iv. verifying that all necessary data associated with the diagnosis has been received from the user (Campbell; col. 12, line 59 to col. 13, line 20);
- v. transmitting the data received from the user to a server; and generating an electronic clinical record based on the data received from the user (Campbell; col. 12, line 59 to col. 13, line 20 and col. 17, lines 8-10)

I. Claim 12 has been amended now to recite an interface for entering data for evaluation of a clinical encounter, comprising an interactive set of lists, wherein each of the lists in the interactive set of lists has its own domain (Campbell; col. 17, lines 46-52, Figure 10), wherein each of the lists in the interactive set of lists is displayed as a separate pop-up button list, wherein at least a subset of the lists in the interactive set of lists are hierarchically related (Campbell; col. 12, line 59 to col. 13, line 20), and wherein the interactive set of lists is formatted to be similar to a clinical chart (Campbell; col. 1, line 62 to col. 2, line 13).

J. As per claim 13, Campbell discloses the interface of claim 12 further comprising a display area, wherein the display area displays a parameter and at least one corresponding finding by displaying each parameter proximate to the associated at least one finding (Campbell; col. 16, line 66 to col. 17, line 7, Figure 5).



Examiner considers that observations would include related parameters.

K. As per claim 14, Campbell discloses the interface of claim 12 further comprising a data entry area, wherein the data entry area is adapted to facilitate entry of more than one finding for a parameter (Campbell; col. 13, line 58 to col. 14, line 8, Figure 5).

L. Claim 15 has been amended now to recite a method for processing patient clinical data by a health care organization, comprising:

- i. establishing a server computer, wherein a plurality of forms facilitating the entry of patient clinical data in clinical chart form are stored on the server computer (Campbell; col. 5, lines 33-38, Figures 3-7), wherein a first set of rules are stored on the server computer, the first set of rules facilitating the authorization of at least one diagnosis based on associated clinical patient encounter criteria (Campbell; col. 6, lines 23-36), and wherein a second set of rules are stored on the server computer, the second set of rules facilitating the evaluation of clinical patient encounter data (Campbell; col. 16, line 66 to col. 17, line 7);
- ii. establishing a user site (Campbell; col. 5, lines 33-38, Figure 2); interconnecting the server computer and the user site (Campbell; col. 5, lines 33-38, Figure 2);
- iii. retrieving from the server computer at least one of the plurality of forms for display and editing at the user site, the first set of rules and the second set of rules (Campbell; col. 12, lines 13-20);

iv. configuring at least a first subset of forms to apply the first set of rules to at least a first subset of inputs entered into the first subset of forms, wherein the first set of rules are applied at the user site (Campbell; col. 6, lines 23-30);

v. configuring at least a second subset of forms to apply the second of set of rules to at least a second subset of inputs entered into the second subset of forms, wherein the second set of rules are applied at the user site (Campbell; col. 16, line 66 to col. 17, line 7);

vi. receiving patient clinical encounter data from at least one user interacting with the user site (Campbell; col. 16, lines 33-54); and

vii. processing the received patient clinical encounter data automatically in accordance with the first and second set of rules (Campbell; col. 6, lines 23-36, col. 16, line 66 to col. 17, line 7).

M. Claim 17 has been amended now to recite the method of claim 15, wherein the first set of rules and the second set of rules are applied when a user enters the information associated therewith into the user form (Campbell; col. 6, lines 23-36, col. 16, line 66 to col. 17, line 7).

N. Claim 18 has been amended now to recite a method for facilitating the single screen submission of patient clinical data in a computer implemented patient care review system, comprising:

i. providing a clinical element selection interface, the clinical element selection interface facilitating the selection of a clinical element, wherein

the selectable clinical elements comprise at least one of history and exam (Campbell; col. 13, lines 58-65);

ii. providing a system/group selection interface, the system/group selection interface facilitating the selection of a system/group associated with the selected clinical element and wherein the system/group interface is populated based on the selected clinical element (Campbell; col. 13, line 66 to col. 14, line 8); and

iii. providing a parameter selection interface, the parameter selection interface facilitating the selection of a parameter associated with the selected system/group, and wherein the parameter selection interface is populated based on the selected system/group; wherein the element selection interface, the system/group selection interface, and the parameter selection interface are displayed within a single screen (Campbell; col. 13, line 66 to col. 14, line 8, Figure 5).

O. Claim 19 has been amended now to recite a method for providing an indication of appropriateness of a patient clinical encounter to a user of an electronic clinical charting system, wherein the electronic clinical charting system facilitates the submission of diagnosis-relevant clinical data associated with the patient clinical encounter, comprising:

i. providing a criteria selection interface on a client computing device, wherein the criteria selection interface allows the user to select a diagnosis-based criteria (Campbell; col. 16, lines 33-42);

- ii. receiving diagnosis related data from the user (Campbell; col. 16, line 66 to col. 17, line 10);
- iii. applying a verification rule to the received data, wherein the verification rule is applied on by the client computing device (Campbell; col. 16, line 66 to col. 17, line 10); and
- iv. providing a verification result indication, the indication provided within each selected criterion in the criteria selection interface, and wherein the indication conveys each criterion authorization level (Campbell; col. 16, line 66 to col. 17, line 10).

P. As per claim 20, Campbell discloses the method of claim 19, wherein patient clinical encounter information is presented on a user computer with relevant clinical data in clinical format that is familiar to clinicians and healthcare reviewers (Campbell; col. 3, lines 35-47, col. 16, lines 23-30).

Q. Claim 21 has been amended now to recite the method of claim 20, wherein criteria guided clinical data entry is done by users who are at least one of clinicians or clinician aids at the site of the patient encounter (Campbell; col. 2, lines 14-21, col. 5, lines 33-61).

R. As per claim 23 Campbell discloses the interface of claim 12, wherein at least four lists are displayed and include at least one of an Element list, a System/Group list, a Parameter list, and a Finding list (Campbell; col. 12, lines 14-21, col. 12, line 59 to col. 13, line 18, Figure 4).

- The obviousness of modifying the teaching of Campbell to include the pop-up button list (as taught by Hayward) is as addressed above in the rejection of claim 1 and incorporated herein.

S. Claim 24 has been amended now to recite the interface of claim 23, wherein the at least four lists are hierarchically related, and wherein a selection in one pop-up list populates at least the next lower pop-up button list in the hierarchy (Campbell; col. 12, line 59 to col. 13, line 18, Figure 4).

T. Claim 25 has been amended now to recite the interface of claim 23, wherein

- i. selection of an entry in the Element list populates the System/Group list with available entries (Campbell; col. 12, line 59 to col. 13, line 18).
- ii. selection of an entry in the System/Group list populates the Parameter list with available entries (Campbell; col. 13, line 58-65).
- iii. selection of an entry in the Parameter list populates the Finding list with available entries (Campbell; col. 13, line 58 to col. 14, line 8), and
- iv. selection of an entry in a Finding list either:
  - a) enters the selected Finding with the selected Parameter into a chart note data field in the clinical chart formatted on-screen display (Campbell; col. 13, line 58 to col. 14, line 8); or
  - b) prompts a user to enter a numeric value to be associated with the Finding, and wherein the Finding and its associated value, along with the selected Parameter, are entered into a chart note

data field in the clinical chart formatted on screen display  
(Campbell; col. 13, line 58 to col. 14, line 8).

- The obviousness of modifying the teaching of Campbell to include the pop-up button list (as taught by Hayward) is as addressed above in the rejection of claim 1 and incorporated herein.

U. As per claim 26 Campbell discloses the interface of claim 25, wherein a selection in a criteria list populates the Element list, System/Group list, Parameter list and Finding list to enable the user to select the Finding (Campbell; col. 12, line 59 to col. 13, line 18 and col. 13, line 58 to col. 14, line 8).

- The obviousness of modifying the teaching of Campbell to include the pop-up button list (as taught by Hayward) is as addressed above in the rejection of claim 1 and incorporated herein.

V. Claim 27 has been amended now to recite the interface of claim 26, wherein only two steps are necessary to enter diagnosis-relevant clinical data:

- a) a selection in the criteria list which either prompts selection of a finding from the Finding List (Campbell; col. 13, line 58 to col. 14, line 8, Figure 4-5), or
- b) for a numerical finding, selects the finding and prompts for the numerical value (Campbell; col. 13, line 58 to col. 14, line 8, Figure 4-5).

- The obviousness of modifying the teaching of Campbell to include the pop-up button list (as taught by Hayward) is as addressed above in the rejection of claim 1 and incorporated herein.

W. Claim 28 has been amended now to recite the interface of claim 27, where similarly a selection in an additional info list sets the Element list, System/Group list, Parameter list and Finding list to enable the user to select the Finding (Campbell; col. 13, line 58 to col. 14, line 8, Figure 4-5).

- The obviousness of modifying the teaching of Campbell to include the pop-up button list (as taught by Hayward) is as addressed above in the rejection of claim 1 and incorporated herein.

X. Newly added claim 30 recites the system of Claim 7, wherein the verification module further comprises a plurality of criteria rules, and wherein the criteria rules are evaluated by the verification module to determine whether data entered by the user meets one or more criteria for determining an authorization level (Campbell; col. 5, lines 33-61).

Y. Newly added claim 31 recites the system of Claim 1, wherein the communicative coupling between the client and the server comprises an Internet connection (Campbell; col. 5, lines 19-32).

Z. Newly added claim 33 recites the method of Claim 9, wherein the data received from the user is transmitted to the server via the Internet (Campbell; col. 5, lines 19-32).

AA. Newly added claim 34 recites the method of Claim 15, wherein the server site and the user site are interconnected via the Internet (Campbell; col. 5, lines 19-32).

Art Unit: 3626

BB. Newly added claim 35 recites the method of Claim 19, wherein the criteria selection interface is obtained from a server, and wherein the server and the client computing device are interconnected via the Internet (Campbell; col. 5, lines 33-61).

4. Claims 22, 29 and 36 are rejected under 35 U.S.C. 103(a) as being unpatentable over Campbell et al. (hereinafter Campbell) (U.S. Patent No. 6,047,259), Hayward et al. (hereinafter Hayward) (U.S. Patent No. 5,574,828), Johnson et al. (hereinafter Johnson) (U.S. Patent No. 5,664,109) and further in view of Cummings, Jr. (hereinafter Cummings) (U.S. Patent No. 5,301,105).

A. Claim 22 has been amended now to recite the method of claim 21 wherein criteria guided entry of relevant clinical data is made in a screen display requiring no scrolling (Campbell; col. 13, lines 58-65, Figure 5), and wherein the screen display expedites transformation of physical patient charts into electronic format for review by health care review organizations.

Campbell fails to expressly teach transformation of physical patient charts into electronic format. However, this feature is well known in the art, as evidenced by Johnson.

In particular, Johnson discloses transformation of physical patient charts into electronic format (Johnson; abstract and col. 2, lines 13-42).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as



disclosed by Johnson with the motivation of providers able to use their preexisting information systems to send documents to a central data processing system and collection and analysis of patient information without imposing significant extra cost (Johnson; col. 2, lines 13-42).

Campbell fails to expressly teach transformation of physical patient charts for review by health care review organizations. However, this feature is well known in the art, as evidenced by Cummings.

In particular, Cummings discloses transformation of physical patient charts for review by health care review organizations (Cummings; abstract and col. 2, line 65 to col. 3, line 2).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Cummings with the motivation of improving diagnosis, treatment and cost effectiveness (Cummings; col. 3, lines 3-6).

B. Claim 29 has been amended now to recite an electronic clinical record creation and review system comprising:

- i) a user interface, wherein the user interface prompts for clinically relevant inputs which are used to generate an electronic record of a patient clinical encounter, wherein the clinically relevant inputs comprise a diagnosis and at least one patient symptom, wherein the at least one symptom is clinically

relevant to the diagnosis, and wherein sufficient symptoms are prompted for to verify the diagnosis (Campbell; col. 1, line 62 to col. 2, line 13);

- ii) a communications interface, whereby the electronic clinical record is transmitted to a health care reviewing organization for review; and
- iii) a clinical data evaluation module, wherein the clinical data evaluation module automatically evaluates clinical data stored in the electronic clinical record for individual criteria and for the patient clinical encounter, wherein the review comprises at least a review of the diagnosis, the clinical data comprising patient symptoms (Campbell; col. 16, line 66 to col. 17, line 7).

- The obviousness of modifying the teaching of Campbell to include electronic clinical record is transmitted to a health care reviewing organization for review (as taught by Cummings) is as addressed above in the rejection of claim 22 and incorporated herein.

C. Newly added claim 36 discloses the system of Claim 29, wherein the communications interface facilitates transmission of the clinical record to the health care reviewing organization via the Internet. Campbell discloses communications interface facilitates transmission of the clinical record via the Internet (Campbell; col. 5, lines 33-61)

- The obviousness of modifying the teaching of Campbell to include electronic clinical record is transmitted to a health care reviewing organization for review (as taught by Cummings) is as addressed above in the rejection of claim 22 and incorporated herein.

Art Unit: 3626

5. Claim 32 is rejected under 35 U.S.C. 103(a) as being unpatentable over Campbell et al. (hereinafter Campbell) (U.S. Patent No. 6,047,259), Hayward et al. (hereinafter Hayward) (U.S. Patent No. 5,574,828), Johnson et al. (hereinafter Johnson) (U.S. Patent No. 5,664,109), Cummings, Jr. (hereinafter Cummings) (U.S. Patent No. 5,301,105) and further in view of Kaker et al. (hereinafter Kaker) (U.S. Patent Publication No. 2001/0037218 A1).

A. As per newly added claim 32, Campbell discloses the method of claim 8.

Campbell fails to expressly teach at least one data field are provided via an HTML web page on the Internet. However, this feature is well known in the art, as evidenced by Kaker.

In particular, Kaker discloses at least one data field are provided via an HTML web page on the Internet (Kaker; paragraphs: 0055-0056).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Kaker with the motivation of medical professionals, hospitals, organizations to access letters and forms (Kaker; paragraph: 0004).

### ***Response to Arguments***

5. Applicant's arguments with respect to claims 1-3, 5-9, 12-15, 17-36 have been considered but are moot in view of the new ground(s) of rejection.

***Conclusion***

6. **THIS ACTION IS MADE FINAL.** Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

7. A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the mailing date of this final action.

8. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Dilek B. Cobanoglu whose telephone number is 571-272-8295. The examiner can normally be reached on 8-4:30.

9. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 571-272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

10. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should

Art Unit: 3626

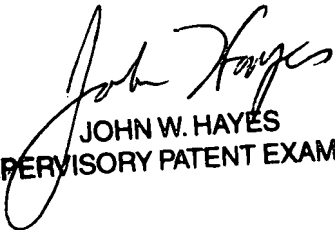
you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

DBC

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Art Unit 3626

05/08/2007

  
JOHN W. HAYES  
SUPERVISORY PATENT EXAMINER